

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 8 6 5 1 0 0 0 5	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Douglas Aircraft Co. 190th & Normandie Torrance, CA 90502			A.State Manifest Document Number 84924379		B.State Generator's ID	
4. Generator's Phone ( 533-6677		6. US EPA ID Number C A D 0 5 0 8 0 6 8 5 0		C.State Transporter's ID 708733		
5. Transporter 1 Company Name Oil Process Co.		8. US EPA ID Number		D.Transporter's Phone 213 585-5063		
7. Transporter 2 Company Name		10. US EPA ID Number		E.State Transporter's ID		
9. Designated Facility Name and Site Address CASMALIA P.O. Box E NTU Road Casmalia, CA 93429		12. Containers No. Type		13. Total Quantity		
		14. Unit Wt/Vol		1. Waste No.		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. Waste Sodium Hydroxide Liquid Corrosive - UN 1824		001 TT		04500 G 121		
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above Sodium Hydroxide 8% 6% P.H. 12 Sodium Aluminate 6% 4% Sulfur 6% 4% Water 90% 86%		K.Handling Codes for Wastes Listed Above 07				
15. Special Handling Instructions and Additional Information Guide #60 XEMPRO 5083 (21) Use gloves, goggles, respirator - May cause severe burns to skin & eyes.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Donald C. Gerber		Signature sb		Date Month Day Year 09/17/86		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Abby Pournass		Signature A. Pournass		
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		
19. Discrepancy Indication Space		SCANNED				
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. #79002-36,480 lbs.		Date Month Day Year 09/18/86				
Printed/Typed Name CASMALIA RESOURCES		Signature Sherry Mobley		Date Month Day Year 09/18/86		

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				F.Transporter's Phone		
				G.State Facility's ID		
				H.Facility's Phone		
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Printed/Typed Name		Signature		Month Day Year		
Abby Pournass		A. [Signature]		09/17/86		
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				Month Day Year . . .		